

Prenatal Information

Congratulations!

This material has been prepared to answer some of the questions that might arise during the course of your pregnancy. For questions and concerns not addressed by this booklet, we encourage you to talk with your health care provider. We hope your health care experience during your pregnancy, labor, and delivery will be a positive one.

Importance of Prenatal Care

Early prenatal care, including regularly scheduled health care visits, helps promote the delivery of a healthy baby. Prenatal care is also the best way to discover and treat problems that may arise in pregnancy. At your prenatal clinic appointments, your health care provider will give you advice about your pregnancy and discuss a plan of care.

Duration of Pregnancy

The average duration of pregnancy is about 280 days or 40 weeks counting from the first day of the last menstrual period. It is important to remember that due dates are not exact. It is common for women to deliver from two weeks before to two weeks after their due date.

Prenatal Care Visits

Early in your pregnancy, you will have a complete history and physical examination. It is important to inform your health care provider of all details of your health history. Routine laboratory tests will be obtained, looking for specific issues that could influence the pregnancy.

After the initial visit, you will be seen about every 4 weeks until your 7th month (28 weeks). Then, you will be seen every other week until the last month, when you will be seen weekly.

At each visit, your weight, blood pressure, and urine will be checked. Your health care provider will measure the size of your uterus, and after 12 weeks, listen to your baby's heartbeat.

Special Tests During Pregnancy

Certain tests may be recommended during your pregnancy to evaluate your progress and that of your baby. Although not all of the tests are standard procedure, your health care provider may recommend some of the following:

- Screening for birth defects.
- Amniocentesis – A procedure which may be performed to obtain fluid from the sac surrounding the baby. Between the 15th and 20th week, this test can be done for genetic purposes. Later in pregnancy, it may provide information about the maturity of the baby. Not done routinely, amniocentesis may be suggested to you, based on the presence of certain risk factors.
- Fetal Movement – A very good way to check the health of your baby is to be aware of its movement. At about the 20th week of pregnancy, most mothers will be feeling

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their babies moving each day. At first, the movements are slight, but they grow into very powerful sensations. Your health care provider will be asking at every visit if your baby is moving or if there has been any change in its' movements. Some providers recommend that after the 28th week of pregnancy, you can perform a "kick count." Each day, starting first thing in the morning, you count each fetal kick or movement. Once you reach 10 kicks or movements, you can stop counting for the rest of the day. If it gets to be 12 noon and you haven't felt 10 movements, then you should contact your health care provider immediately. Any sudden loss of fetal movements should also be reported immediately.

- Non-Stress Test (NST) – This painless and harmless test is sometimes done later in pregnancy to evaluate the health of the baby, particularly if there are any concerns. An electronic fetal monitor is used to see how the baby's heart beat responds to its' own movements. The test takes about 20-40 minutes to complete.
- Ultrasound – Ultrasound can be very helpful in determining the baby's size, position, and due date. It also can locate the placenta and determine the amount of amniotic fluid present. In some circumstances, it can evaluate fetal structures. Some providers recommend at least one routine ultrasound scan during each pregnancy. Others feel it should be used only for a specific medical reason.
- 28 Week Laboratory Tests – At approximately the 28th week of pregnancy, more laboratory tests are commonly done, including a blood test for diabetes. This test involves drinking a sweet liquid (like soda-pop) and then having a small amount of blood drawn one hour later.

Emergencies

Most women do not experience problems during pregnancy. It is important to know how and when to get immediate medical advice if you suspect a problem. The following are reasons to seek immediate medical advice during pregnancy:

1. Any fluid leaking from the vagina.
2. Vaginal bleeding of any kind.
3. Sudden swelling of your hand or face.
4. Bad headaches or headaches that don't go away with simple remedies.
5. Changes in vision (blurred, flashes of light or spots before your eyes).
6. Dizziness or fainting.
7. Sudden weight gain (more than 2 pounds in a week).
8. Severe or continual abdominal pain, not relieved by a bowel movement.
9. Fever (temperature of 101 degrees or more).
10. Burning sensation while urinating.
11. Contractions or pelvic pressure, if you are less than 37 weeks pregnant.
12. Vomiting lasting 24 hours or more.
13. Decrease in fetal movement after the 28th week.

Premature Labor

Premature labor is labor that starts between the 20th and 37th week of pregnancy.

Prematurity can be a very serious problem. If you know what to look for, you may be able to prevent your baby from being born too early, or give your provider enough time to improve the situation. Know these warning signs:

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1. Uterine contractions which happen every 10 minutes or more often.
2. Menstrual-like cramps in the lower abdomen may come and go or be constant.
3. Low, dull backache felt below the waistline may come and go or be constant.
4. Pelvic pressure which feels like the baby is pushing down. Pressure that comes and goes.
5. Abdominal cramping with or without diarrhea.
6. Vaginal discharge may suddenly increase in amount, become mucousy, watery, or slightly bloody.

How to get Immediate Medical Advice

For questions and concerns of a non-emergency nature, call _____.

For emergencies, call _____.

Reducing the Risks

When you are pregnant, you need to be concerned about your own health and the health of your baby. Whatever you eat, inhale, or rub on your skin may affect the baby. Before coming in contact with any material, stop and think about whether it will have any effects.

Drugs

Do not take any drugs, street drugs, pills or medicines, prescribed or purchased “over-the-counter,” without checking first with your health care provider. Some medications are safe and others are not.

Alcohol

Alcohol is a toxic substance. Babies of mothers who drink alcoholic beverages regularly during their pregnancy may have symptoms of Fetal Alcohol Syndrome, characterized by tremors, sleep disturbances, mental retardation and physical changes in their appearance. There is no clear dividing line between what is definitely safe and what level of drinking is definitely harmful to the baby. It is therefore wise to avoid alcohol entirely during your pregnancy.

Smoking

Smoking cigarettes while pregnant poses significant risks to the pregnancy. Please don't smoke during pregnancy. If you were smoking before you realized you were pregnant, it is not too late to stop, avoiding most of the problems associated with smoking during pregnancy.

Toxoplasmosis

Toxoplasmosis is an infection that may cause serious birth defects to the unborn baby. A pregnant woman may become infected with the toxoplasmosis organism if she eats raw meat or if she comes into contact with the feces of cats infected with the disease. To avoid infection with toxoplasmosis, a pregnant woman should always cook meat thoroughly and avoid contact with cat litter boxes or outdoor areas where cats go to the bathroom.

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Safe Medication in Pregnancy

Some drugs should not be taken during pregnancy. The following list contains medications that are considered safe for use during pregnancy. Since any drug is potentially unsafe, (depending on the circumstances) always let your health care provider know about any medications you are taking.

During the first 4 months of your pregnancy, you should try to avoid any medication unless it is prescribed or approved by a health care provide who knows you are pregnant.

You should continue to take essential medication such as thyroid medication, anticonvulsants, and insulin, if you have been taking these prior to your becoming pregnant. Discuss this with your health care provider at your first appointment.

Be sure to take all medication as directed. If problems persist after 48 hours, call your health care provider.

Problem	Recommended Medication
Headache	Tylenol (Acetaminophen)
Colds	First, rest and drink plenty of fluids. Use a vaporizer. If you need medication in addition, you may use Tylenol for aches and fever, Robitussin DM for cough and Sudafed for nasal congestion. Do not use Sudafed if you have or are suspected of having a blood pressure problem.
Constipation	Metamucil (plain, unflavored), Fiberall, Bran or Milk of Magnesia
Diarrhea	Kaopectate
Indigestion	Riopan, Mylanta, Maalox, and Tums

Sex during Pregnancy

For normal pregnancies, sexual relations may be safely continued throughout pregnancy. Intercourse and orgasms will not harm the baby nor predispose toward premature labor.

For women, there is a wide range of changes in sexual interest during pregnancy. During the first trimester, particularly if there is nausea, bloating and breast tenderness, interest in sex often drops. As she enters the second trimester, interest in sexual relations often increases. By the third trimester, interest in sex often lags, and finding a comfortable position may prove difficult.

Men's interest in sex during their mates' pregnancies is also variable, but tends to remain high.

One sexual practice, blowing air into the vagina, should not, under any circumstances, be performed during pregnancy. Air introduced in this fashion can travel to the mother's heart, causing death within seconds.